



PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten

DEPT BLDGS Job No. 140662780



Scan Code ESHS9596666

1	Location Information			
House No(s) 701		Street Name WEST 180 STREET	Work Proposed on Floor No(s) 003	
Borough MANHATTAN		Block 2176	Lot 138	BIN 1064282 CB No. 112
2	Requestor Information			
Individuals Relationship to Job (example: applicant, owner filing representative)				
Last Name PLOTKIN		First Name ANATOLE	Middle Initial	
Business Name ATELIER NY ARCHITECTURE		Business Telephone 718-707-9550		
Business Address 21-34 44TH ROAD		Business Fax 718-707-9898		
City LIC		State NY	Zip 11101	Mobile Telephone
E-Mail ANATOLE@ATELIERNY.COM		License Number 019910		
3	Type of Request Choose one.			
☒ Letter of Completion (Directive 14 or Non-Directive 14)				
☐ TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office may be required. All requirements must be fulfilled before a TCO will be issued) 3A				
☐ Renewal of TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office approval may be required. All requirements must be fulfilled before a TCO will be issued) 3A				
☐ Final Certificate of Occupancy 3A				
3A ☐ Change of address, block/lot, metes and bounds only (28-118.16.2)				
4	Comments If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request.			
5	Statements and Signatures			
By signing below, I understand that all the information provided is true to the best of my knowledge and that falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Building Code and punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine, or both.				
Requestor Signature <i>Anatole Plotkin</i>		Date 03-09-2018		
Borough Commissioner's Office TCO Authorization Do not write in this section.				
Comments:				
Authorized Name (please print)		☐ Approved	☐ Disapproved	
Authorization Signature (if approved only)		Date		
Disapproval Reasons Review request cannot be processed for the following reasons:				
☐ Fees unpaid ☐ Open ECB/DOB Violation(s) ☐ Incomplete PAA ☐ Audit Conditions Pending / Job on Hold				
☐ Missing inspection Sign-off(s): ☐ Construction ☐ Plumbing ☐ Electrical ☐ Other: _____				
☐ Missing Required item(s): _____ ☐ TR-1 Error(s): _____				
☐ Form(s) missing/incomplete: Form(s) _____ Section(s)/Reason(s) _____				
☐ Other. <i>65:21111 12 2018 MAR 27</i>				